



LICENSE APPLICATION - SCRAP IRON PROCESSOR

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

Phone: 701-328-5166 • Fax: 701-328-5200 • www.ndhealth.gov/wm
SFN-8382 (Rev: 12/2013)

	Class A		Class B
License Number:			
Date Received:			
Date Approved:			

READ INSTRUCTIONS AND LICENSE INFORMATION ATTACHED TO THIS FORM:

Applicant:	Trade/Business Name:	Telephone:	
Mailing Address:	City:	State:	Zip Code:
Type of Business:			<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other (Specify)

IF A PARTNERSHIP, CORPORATION, OR ASSOCIATION = LIST OFFICERS OR PARTNERS:

NAME	TITLE	ADDRESS

EQUIPMENT AVAILABLE (TRUCKS, LOADERS, ETC.):

MAKE	YEAR	TYPE	OWNER	NUMBER OF EMPLOYEES
				Part-time:
				Full-time:
				Total:

TYPE AND SIZE OF REDUCTION EQUIPMENT (IF APPLICABLE):

MAKE	YEAR	TYPE	CAPACITY	OWNER

OTHER OPERATIONAL EQUIPMENT (LOADERS, ENGINE PULLERS, WINCH TRUCKS, ETC.):

MAKE	YEAR	TYPE	OWNER

TRANSPORTATION EQUIPMENT (MUST HAVE PSC OR ICC CARRIER PERMITS):

MAKE	YEAR	TYPE	OWNER

SUBSCRIBED AND SWORN TO BEFORE ME THIS:

_____ day of _____ 20_____.

NOTARY PUBLIC

COUNTY, ND

My Commission expires _____

I, the undersigned applicant, being duly sworn, depose and say that the information contained in and attached to this application is, to the best of my knowledge and belief, true and correct. If licensed, I will comply with all State and Federal laws and rules, and the conditions of this application and any license issued hereunder.

Applicant's Signature

Inquiries to: ND Dept. of Health, Div. of Waste Management,
918 E. Divide Ave. 3rd Floor, Bismarck, ND 58501-1947